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PTO/SB/21 (06-09)

Approved for use through 06/30/2009. OMB 0651-0031
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ALE /	no persons are required to respond to a collection Number	ection of informa 10/587,065	tion unless it o	displays a valid OMB control number.		
TRANSMITTAL	Filing Date	January 24, 200	 05			
1 2 2 2009 W FORM	First Named Inventor	Magnus Wietho				
	Art Unit	2856				
D. and S.	Examiner Name	M. Shabman				
RAPPED be used for all correspondence after initial	filing) Attorney Docket Number			· · · · · · · · · · · · · · · · · · ·		
Total Number of Pages in This Submission	This is a second real second r	10034.545		<i></i>		
ENCLOSURES (Check all that apply)						
Fee Transmittal Form Fee Attached  Amendment/Reply After Final Affidavits/declaration(s)  Extension of Time Request Express Abandonment Request Information Disclosure Statement  Certified Copy of Priority Document(s)	Drawing(s)  Licensing-related Papers  Petition Petition to Convert to a Provisional Application Power of Attomey, Revocation Change of Correspondence A Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on CD	ddress	Appeal of Appeal (Appeal Propriet Status Other Education)	Enclosure(s) (please Identify : pecification (27pp); Substitute		
Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53	TURE OF APPLICANT, ATTOR	RNEY, OR A	AGENT			
Firm Name		,,				
Signature  Signature  Printed name  Jeffry W. Smith	t_					
Date June 22, 20	69 F	leg. No. 33	455			
CERTIFICATE OF TRANSMISSION/MAILING  I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:  Signature						
Oignature						
Typed or printed name			Date			

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/17 (10-08)

Fees Paid (\$)

490.00

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMPLete if Known U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Effective on 12/08/2004.  Effective on 12/08/2004.  Effective on 12/08/2004.  Effective on 12/08/2004.		Complete if Known				
		Application Number	10/587,065			
FEE TRANSMITTAL For FY 2009		Filing Date	January 24, 2005			
		First Named Inventor	Magnus Wiethoff			
Applicant claims small antity status. See 27 CED 4 27		Examiner Name	M. Shabman			
Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2856			
TOTAL AMOUNT OF PAYMENT	(\$) 490.00	Attorney Docket No.	10034.545			
METHOD OF PAYMENT (check all that apply)						
Check Credit Card Money Order None Other (please identify):  Deposit Account Deposit Account Number: 50-2911 Deposit Account Name: SMITH LAW OFFICE  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee  Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card						
Information and authorization on PTO-	2038.	omadon should not be in		ride credit card		
FEE CALCULATION						
1. BASIC FILING, SEARCH, A FILII  Application Type Utility 330 Design 220	NG FEES SEAR Small Entity	Small Entity		Fees Paid (\$)		
Plant 220	110 330	165 17				
Reissue 330	165 540	270 65	- 00			
Provisional 220	110 0		-			
2. EXCESS CLAIM FEES Fee Description Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues) Multiple dependent claims  Small Entity Fee (\$) Fee (\$) 220 110 390 195						
Total Claims						
- 3 or HP = x =						

SUBMITTED BY			
Signature	Cother W Sith	Registration No. (Attorney/Agent) 33455	Telephone 608-824-8300
Name (Print/Type	) Jeffry W. Smith		Date June 22, 2009

(round up to a whole number) x

- 100 =

4. OTHER FEE(S)

/50 =

Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): Two-Month Extension of Time

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